

FORM LOB (Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 20	13	Amended Statem	ent		
For Lobbying Reporting I	Period: January	1 - last day of February	March 1 - April 30	May 1 - December 31	
LOBBYIST INFORMA	TION				
Last Name		First Name	e	M.I.	
Shon		James		Т	
Lobbyist Firm/Employe	er				
Hawaii Education	nal Policy Cen	ter			
Mailing Address (Numb	ber and Street or P.C). Box)			
162 Forest Ridge	· Way				
City			Zip Code		
Honolulu			Hawaiii	96822	
Telephone	Extension	Email Address	S		
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15.					
		Attached Sheet(s)		→ · · · · · · · · · · · · · · · · · · ·	
				I Expenditures ▶ · 🏋 · · · 0	

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG		Amount or Value
			0
Check here if addition	onal sheets are attached		
GGREGATE EXPENDIT	TURES OF \$150 OR MORE P	ER DERSON	
	•	total sum of \$150 or more per person du	iring the statement period.
ame	On Behalf of ORG	Amount or Value	
			0
	· ·		
Check here if addition	onal sheets are attached		
	IO DECENTES		
ART II. CONTRIBUTION at all contributions received by lo		total sum of \$25 or more per person dur	ing the statement period.
ıme	On Behalf of ORG		Amount or Value
			0
Check here if addition	onal sheets are attached		<u> </u>
	onar oncoto are attached		
ART III. SUBJECT ARE		orted or opposed during the statement p	parind:
Agriculture	Education		
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy	Housing	Public Safety & Corrections	
EGWOOMENIAI FIOLECTION			
UTHORIZED PERSON	$\overline{\Omega}$		
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Ames TiShur/9	10-	<u> Vireeter</u>	5-20-20
rint Name of Authorized	Person (First M.I. Last)	Title	Date (m/d/yyyy)

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.